

VICTIM IMPACT STATEMENT**Violent Crime**UNITED STATES V. Treavon Gray and Damon WilliamsCASE NO. 3:22-cr-00008NAME: C ■ H ■ ■ ■**Many people are more comfortable writing about their experiences.****For the following questions, feel free to attach additional sheets of paper if needed.**

1. Mark the words or phrases that best describe your feelings and reactions to this crime.

PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS

Feelings

- | | | | | | |
|---|-----------------------------------|---|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Anger | <input type="checkbox"/> Guilt | <input checked="" type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input checked="" type="checkbox"/> Unsafe | <input type="checkbox"/> Grief |
| <input checked="" type="checkbox"/> Fear | <input type="checkbox"/> Numbness | <input type="checkbox"/> Sad | <input checked="" type="checkbox"/> Scared | <input checked="" type="checkbox"/> Tense | <input type="checkbox"/> Confused |

Experiences

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Nightmares | <input type="checkbox"/> Forgetfulness | <input checked="" type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Uncontrolled crying | <input checked="" type="checkbox"/> Repeated memory of the crime |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Want to be alone | <input checked="" type="checkbox"/> No trust in anyone |
| <input checked="" type="checkbox"/> Fear of being alone | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide |
| <input checked="" type="checkbox"/> Lost job | <input type="checkbox"/> School stress | <input checked="" type="checkbox"/> Family stress |

2. What would you like the judge to know about you and the impact of this crime?

Trey and I had been friends since Freshman year of high school. He had been to my house many times. I trusted him and never would have thought he would have planned and carried out an armed robbery at my house. I have had a hard time sleeping since this robbery took place. I have reoccurring nightmares of the incident. I had even lost my job due to issues resulting from this robbery.

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3. Please describe below how members of your family have been affected by this crime?

My family fears there will be retaliation due to Trey being caught for this robbery and charged. They have spent thousands of dollars on cameras and an alarm system.

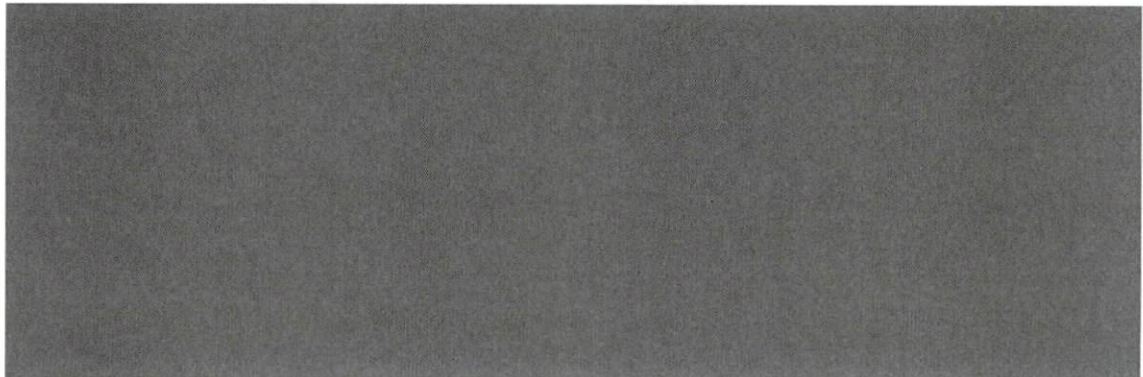
4. Have you or members of your family received counseling or therapy? ☐ YES ☒ NO
If yes, please be certain to complete the attached financial statement.

5. What would you like to see happen to the person who committed the crime against you?

I would like both Trey and his friend Damon to be charged for this crime and pay back for stolen property.

6. Is there anything else you would like the Judge before the defendant is sentenced?

Additional sheets of paper can be attached if necessary.



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VICTIM IMPACT STATEMENT**Violent Crime
Financial Statement****A. EXPENSES and DAMAGES**

1. List property lost, destroyed or damaged and its value. (Wherever possible, attach supporting documents such as receipts, repair bills, etc.)

<u>Yeezy shoes</u>	<u>\$ 600</u>
<u>Carhartt sweatshirt</u>	<u>\$ 70</u>
<u>Custom Glock 19</u>	<u>\$ 1700</u>

2. List medical expenses relating to physical, psychiatric, or psychological care. (And again, attach supporting receipts)

<u>N/A</u>	<u>\$ 0</u>
<u>N/A</u>	<u>\$ 0</u>
<u>N/A</u>	<u>\$ 0</u>

3. Physical/occupational therapy expenses: \$ 0

4. List lost income or wages: Approximately 4 months \$ 8,960
wages after losing job

5. List miscellaneous expenses - transportation, child care, attorney fees, etc. (Please list type & amount)

<u>ACPD - 4 trips (roundtrip) ¹²⁸ miles</u>	<u>\$ 66.56</u>
<u>Federal court - 1 trip (roundtrip) ³² miles</u>	<u>\$ 16.64</u>
	<u>\$</u>

TOTAL LOSS:\$ 11,413.20**B. REIMBURSEMENT RECEIVED (Please attach receipts)**

1. Property Insurance: \$ 0

2. Medical Insurance: \$ 0

3. Other (Please list source and amount)

<u>N/A</u>	<u>\$ 0</u>
	<u>\$ 0</u>
	<u>\$ 0</u>

TOTAL REIMBURSEMENT:\$ 11,413.20